U S Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For One Purify RECORD READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT		
E Que ore		
1 File Number U 105 48	2 Fiscal Year Covered From	
	1 / 1 / 2004 Through 12 / 31 / 2004	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name George Scovill	Name Teamsters Local Union No 104	
to the Signi Secret gar	Labor Organization File Number 004-987.	
PO Box Bldg Room No if any	P O Box, Building and Room Number if any	
Street 1450 S 27th Ave	Street 1450 S 27th Ave	
City Phoenix	City Phoenix	
State Arizona ZIP Code + 4 85009	State Arizona ZIP Code + 4 85009	
5 Position in labor organization Business Agent		
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)		
A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6 Name and address of Employer (including trade name if any)	7.a Nature of Interest, Transaction or Income	
Name		
Trade Name if any	, t	
P O Box, Bldg Room No if any	, ~~ ~, ~, ~, ~, ~, ~, ~, ~, ~, ~, ~, ~,	
	7 b Amount.	
Street		
City		
State ZIP Code + 4		
· Signature /		
15. Signature and verification The undersigned declares under penalty of Penury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)		
Signed Same Thomas	On 5/5/05 602272556/ Date Telephone Number	

Name of Person Filing George Scovill	File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any) Name Southwestern Teamsters Security Fund Trade Name if any P O Box, Bidg Room No if any Street 1430 E Missouri City Phoenix State Arizona ZIP Code + 4 85014 10 If 9 b or 9 c. is checked give trust or employer's name Name Trade Name if any P O Box Bidg Room No if any Street City State ZIP Code + 4	9 Business deals with X a Labor Organization b Trust c. Employer c. Employer Airfare hotel meals and registrest the Trustee of the jointly administ welfare trust to attend a training 11 b Approximate deliar value of such dealing 12 a Nature of interest held or income received	tered health and	
	12 b Amount.		
	120 Mindie		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant	14 a Nature of payment.		
(including trade name if any)	The service provider to the Southerwestern Teamsters Security Fund gave a Christmas gift		
Name Southwest Service Administrators Inc	certificate The service provide an activity for the Trustee and h	r also paid for	
Trade Name if any	was attending the conference,	. 1	
PO Box Bldg Room No If any			
Street 2400 West Dunlap Ave Suite 250			
City Phoenix			
State Arizona ZIP Code + 4 85021		,	
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.	\$204	